Composition and high-level criteria for participation

☐ Detailed in following pages

	Composition		Priority capabilities and experience
Healthcare Oversight Committee	• Similar to design grant steering committee, plus additional provider, consumer, and/or consumer advocate representation		• Commitment to shared aspirations • Authority or ability to influence • Awareness of related initiatives
Practice Transformation Taskforce	• 3-4 consumers or advocates • DSS, DMHAS • 3-4 primary care/specialty providers inc APRN • 1 behavioral health provider • 1 FQHC or home health provider (?) • 1 hospital • All health plans with >5% market share		• Authority or ability to influence • Commitment to shared aspirations • Direct experience with advanced primary care, clinical integration, practice transformation
Quality Council	• 3-4 consumers or advocates • 2-3 physicians • 1-2 hospitals • 1 FQHC • All health plans with >5% market share • DSS, DMHAS, DPH, OSC		• Authority or ability to influence • Technical expertise and experience with measurement of health, quality, resource efficiency, and consumer experience
Health Information Technology Council	• 2-3 consumers/advocates • 2 physicians/CSMS • 2 health plans • HIT coordinator • AHCT/APCD	• 1 hospital • 1-2 ACO/clinically integrated network • DSS, DMHAS, DPH, DCF, DOC, OPM, BEST	• Authority or ability to influence • Technical expertise with provider and payer systems, health information technology and/or analytics
Equity and Access Council	• 4-5 consumers or advocates • DSS • Medicare • All health plans with >5% market share • 2-3 physicians • 1 hospital		• Commitment to appropriate care and access; • Experience with access & underservice issues • Ability to understand claims-level data analysis • Understanding of underserved populations

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Role (# indiv.)	Description
Consumers / advocates	▪ Provide input on aspects of practice transformation that affect consumer choice, literacy, care experience, communication, access, etc. Help **define changes required** in provider-patient interactions ▪ **Champion** taskforce recommendations within community ▪ *Qualifications:* Experienced health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use; diverse and balanced mix of participants, considering life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions; good synthesis abilities; creative problem-solving abilities; relationships with other consumers preferred.
Physicians	▪ Gather broad input from diverse set of physicians, e.g., hospital-employed physicians, rural physicians ▪ Outline the **clinical processes, systems, and infrastructure** that need to be modified to transition majority of physicians to Connecticut's defined AMH model ▪ Provide insight into **potential barriers for change** and suggestions for overcoming ▪ **Serve as champions** for taskforce's recommendations within the physician community ▪ *Qualifications:* Strong presence in CT's physician community, serving in an advanced practice or clinically integrated setting, understanding of underlying systems / infrastructure of practices, time and ability to gather data across diverse set of physicians, creative problem-solving
Behavioral health provider	▪ Provide insight into **needs of behavioral health patients** that require additional modifications in provider practices ranging from screening, assessment, brief treatment, health behavior, linkage to BH affiliate ▪ Help **brainstorm potential solutions** ▪ **Champion taskforce recommendations** within behavioral health community ▪ *Qualifications:* Strong presence in behavioral health community, expertise in primary care/behavioral health integration, familiarity with current state / transformational needs of diverse set of behavioral health providers, creative and open-minded approach to brainstorming solutions
Hospital	▪ Share insight on changes required to **administrative and clinical processes, systems and budgeting** for hospitals to play a role in new care delivery model ▪ Help taskforce define **plan for implementing** recommendations with hospitals ▪ **Serve as champions** for taskforce's recommendations ▪ *Qualifications:* Strong presence in hospital executive community, detailed understanding (or ability to gather detailed information on) underlying systems / infrastructure / finances of hospitals; creative and open-minded approach to brainstorming solutions

Role (# indiv.)   **Description**

Health plans	

- Share practice transformation expertise, standards, gap analysis or readiness assessment tools, and practice support methods currently in use
- Be prepared to serve as change agents to **roll-out taskforce recommendations** with network providers
- *Qualifications:* Strong relationships with network physicians, support from internal payer executives who are open to providing feedback through their medical director, creative and open-minded approach to brainstorming, familiarity with innovative care delivery and payment models at existing payer and other payers in state; represent a diversity of roles within health plan related practice transformation, e.g., medical director, medical home director, practice transformation support specialist, etc.

Quality Council: Detailed description by role (1 of 2)

Role (# indiv.) | **Description**

Consumers / advocates

- Provide input on aspects of quality measurement that pertain to outcomes and care experience, help prioritize **root issues** that need to be addressed by metrics
- **Champion** provider and programmatic scorecards within community
- *Qualifications:* Experienced health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use; diverse and balanced mix of participants, considering life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions; good synthesis abilities; creative problem-solving abilities; comfortable asserting views; relationships with other consumers preferred

Primary care providers & specialists

- Share what metrics are and should **be tracked** and help assess the **feasibility of tracking new metrics** within clinical setting, e.g., required changes to systems, clinical processes
- **Champion** performance measurement and provider scorecards within physician community
- *Qualifications:* Strong, recognized presence in physician community; ability and time to gather input from broad set of physicians regarding metrics currently being tracked; good grasp of requirements to track metrics within clinical setting (e.g., impact on clinical process / flow)

Behavioral health providers

- Identify and help prioritize **behavioral-health and health behavior related metrics** for inclusion on scorecards
- Share behavioral-specific metrics that are being tracked and help assess **feasibility of tracking new metrics**
- **Champion** scorecards within behavioral health community
- *Qualifications:* Strong, recognized presence in behavioral community; familiarity with behavioral health metrics being tracked in-state and elsewhere; understanding of technical requirements to reliably track metrics

Hospitals

- Share metrics currently tracked and help assess the **feasibility of tracking new metrics** within clinical settings, e.g., required changes to systems, clinical processes; identify and help resolve duplicative, conflicting, and unnecessary measurement mandates
- **Champion** performance measurement and provider scorecards within provider community
- *Qualifications:* Strong, recognized presence among hospital medical directors and quality managers, ability to solicit detailed information from other hospital medical directors and quality measurement staff as needed to understand feasibility of tracking new metrics; familiarity state and national measurement sets and requirements

Quality Metrics Advisory Council: Detailed description by role (2 of 2)

Role (# indiv.)   **Description**

Role (# indiv.)	Description
Health plan medical directors	- Share what metrics are being tracked and help assess the **feasibility for payers to track new metrics** with their network providers; - Consider feasibility of transitioning to a **"common provider scorecard"** across payers - Serve as **liaison** with internal executives to gather feedback on recommended metrics *Qualifications:* Commitment from payer executives to provide feedback through medical director, familiarity with metrics being tracked by payer in CT and in other regions, ability to comfortably problem-solve with private payer statisticians on statistical viability of metrics and methods for risk adjustment and exclusions
Health plan statisticians & measurement experts	- Facilitate selection of core metrics; mix of process, outcome, productivity and resource efficiency metrics and care experience metrics - Outline data requirements, e.g., minimum patient panel size for statistical validity of prioritized metrics - Outline risk adjustment and exclusion methods - Help taskforce select measures that are ambitious, but feasible to implement *Qualifications*: Strong statistical analysis capabilities; creative and open-minded problem-solver; familiarity with diverse set of metrics including national measurement sets (e.g., AHRQ, NQF, NCQA, Medicare SSP), and statistics
DPH Epidemiologist	- Share what health metrics, surveillance data, and vital statistics are being tracked by DPH and other community organizations today; familiarity Healthy People 2020 measures, targets, and statistics - Help identify and prioritize metrics to be used to track improvements in **public health** *Qualifications:* Familiarity with population-health metrics being implemented in CT and in other best practice settings to measure public health

Role (# indiv.)   **Description**

Consumers / advocates

- Provide input on aspects of health information that relate to consumer/provider communication, performance transparency, privacy, security, and shared decision making tools
- **Champion** recommendations within community
- *Qualifications:* Experienced health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use; diverse and balanced mix of participants, considering life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions; good synthesis abilities; creative problem-solving abilities; relationships with other consumers preferred.

Health plan representative

- Provide information on **existing infrastructure and HIT capabilities** across diverse set of private payers
- Liaise with internal executives to share taskforce recommendations and gather input
- Determine **feasibility of integrating systems across payers**
- *Qualifications:* Strong relationships with counterparts at other insurers, commitment from payer executives to provide input through representative, familiarity with or ability to gather data on HIT systems and infrastructure across diverse set of insurers, authority and ability to negotiate with counterparts at other insurers regarding potentially integrating systems / processes

State agencies[1]

- Share detailed information on **existing infrastructure and HIT capabilities within each department**, including potential to integrate or expand on existing systems
- Define need for **new systems introductions** and outline plan for integration
- *Qualifications:* Familiarity with existing infrastructure and systems across departments, prior involvement in CT HIT-related initiatives, e.g., SIM, CT Data Collaborative, EHR incentive program, Direct messaging, Medicaid Information Technology Architecture (MITA)

ACO / Clinically Integrated Network

- Help taskforce understand **new systems, capabilities, and infrastructure** that will be required for providers to transition into an ACO or other clinically integrated model
- Support **prioritization and sequencing of planned changes** that will maximize impact while minimizing disruption to provider workflow
- *Qualifications:* Familiarity with HIT requirements associated with transitioning to an AMH-like model, personal experience implementing HIT changes in physician, hospital, and other ambulatory care settings

1 DSS, DPH, DMHAS, DCF, DOC, BEST, OPM, HIT Coordinator

Role (# indiv.)	Description
Access Health CT	- Outline **existing infrastructure / capabilities of Connecticut's public exchange and All Payer Claims Database** that can be leveraged to support CT SIM - Share **learnings** on implementing HIT innovation in CT based on experience with the exchange and APCD *Qualifications:* Ability to gather input / feedback from wide range of individuals at Access Health CT to provide comprehensive perspective on existing systems and capabilities; approval authority / ability to secure approval to share systems / infrastructure with CT SIM effort
Hospitals	- Provide information on **unique systems and HIT capabilities** that will be required to support needs of diverse set of hospital patients and clinically integrated care - Share insights on **existing systems being used by CT hospitals** that can be leveraged or best practices that can be adopted - Support prioritization and sequencing of planned changes that will maximize consumer and provider benefit while minimizing disruption to provider systems and workflow *Qualifications:* Relationships with other hospitals serving broad array of patients; familiarity with hospital-based information technology including electronic health records, health information exchange, analytics, and care management tools; familiarity with other HIT demands such as ICD-10
Physicians and/or CSMS	- Help taskforce understand new systems, capabilities, and infrastructure that will be required for independent practice providers to utilize new health information technology tools and infrastructure - Support prioritization and sequencing of planned changes that will maximize consumer and provider benefit while minimizing disruption to provider systems and workflow - Help identify and prioritize required **changes to existing systems / infrastructure** - Provide insight into potential barriers for change and suggestions for overcoming - Support identification of and vetting of **preferred vendors** - Provide **estimation** of required financial investment *Qualifications:* Familiarity with HIT requirements associated with transitioning to an AMH-like model, personal experience implementing HIT changes at practice. Familiarity with best practice HIT changes that are in existence today and with new HIT innovations, practical experience with seeing HIT systems and infrastructure being used by physicians

Equity and Access Council: Detailed description by role

Role (# indiv.)	Description
Consumer advocates	▪ Provide input on under-service safeguards from consumer perspective; gauge reasonableness and adequacy of such safeguards ▪ **Champion** recommendations for appropriate safeguards ▪ *Qualifications:* Experienced health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use; diverse and balanced mix of participants, considering life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions; good synthesis abilities; creative problem-solving abilities; relationships with other consumers preferred
Health plans – medical directors	▪ Help taskforce identify **potential issues in program design** that could negatively impact delivery of appropriate care and access ▪ Lead taskforce's efforts to **define and execute plan to identify outliers** in care delivery and payments ▪ *Qualifications:* Strong relationships with network physicians, support from internal payer executives who are open to providing feedback through their medical director, creative and open-minded approach to brainstorming, familiarity with innovative payment models; familiarity with safety, quality, & outlier monitoring
Health plans - program integrity	▪ Consider methods for identifying patterns of under-service, risk avoidance, or patient abandonment ▪ Lead taskforce's efforts to **define and execute plan to identify and investigate outliers** ▪ *Qualifications:* Prior experience in managing program integrity and surveillance; commitment to ensuring long-term, system provision of appropriate care and access; scenario modeling capabilities a plus
Academics	▪ Provide **input from academic research** on potential design facets that could compromise ability to provide appropriate care and access to care ▪ Work with PI specialists to understand **statistical requirements** to gather reliable data that will support identification of outliers ▪ *Qualifications:* Commitment to ensuring long-term provision of appropriate care and access; familiarity with academic research on program integrity and surveillance; statistical analysis capabilities
Physicians/ hospitals	▪ Define and oversee plan to systematically gather input from broad range of physicians to identify potential changes to provider practices that may **compromise the system's ability to provide appropriate care and access to care** ▪ *Qualifications:* Commitment to ensuring long-term system provision of appropriate care and access; familiarity with under-service risks and needs of underserved populations